2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065844

1. Entity Name
MEDICAL EQUIPMENT UNLIMITED, INC.

FILED
00 NOV 28 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~1090 NW 128TH CT~~ ~~MIAMI FL 33182~~ ~~US~~	~~1090 NW 128TH CT~~ ~~MIAMI FL 33182~~ ~~US~~

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2000

2. Principal Place of Business	3. Mailing Address
383 Westward Drive	383 Westward Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami Springs, FL 33166	
City & State	City & State
	Miami Springs, FL 33166
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number 65-0435551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARRERO, ADELFO ~~1090 N.W. 128TH CT.~~ ~~MIAMI FL 33182~~ New address	Name: Same Street Address (P.O. Box Number is Not Acceptable): 383 Westward DR. City: Miami Springs FL Zip Code: 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Adelfo Marrero 11-22-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARRERO, ADELFO ~~1090 NW 128TH CT~~ ~~MIAMI FL 33182~~ change address	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President 383 Westward DR. Miami Springs, FL 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adelfo Marrero 9/1/00 (305)863-8607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Adelfo Marrero